

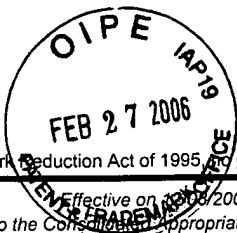
Doc Code:

PTO/SB/17 (12-04v2)

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Patent and Trademark Office: U.S. DEPARTMENT OF COMMERCE

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Effective on 02/28/2004.
Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).

FEE TRANSMITTAL for FY 2005

☐ Applicant claims small entity status. See 37 CFR 1.27

TOTAL AMOUNT OF PAYMENT (\$) **\$200.00**

Complete if Known

Application Number	10/644,191
Filing Date	August 20, 2003
First Named Inventor	Struye
Examiner Name	Vu
Art Unit	2884
Attorney Docket No.	27500-170

METHOD OF PAYMENT (check all that apply)

☐ Check ☐ Credit Card ☐ Money Order ☐ None ☐ Other (please identify): _____

☒ Deposit Deposit Account Number: **08-0719** Deposit Account Name: **Nexsen Pruet, LLC**

For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)

☒ Charge fee(s) indicated below

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☒ Charge any additional fee(s) or any underpayment of fee(s) under 37 CFR 1.16 and 1.17

☒ Credit any overpayments

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FEE CALCULATION

1. BASIC FILING, SEARCH, AND EXAMINATION FEES

Application Type	FILING FEES		SEARCH FEES		EXAMINATION FEES		Fees Paid(\$)
	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	
Utility	300	150	500	250	200	100	
Design	200	100	100	50	130	65	
Plant	200	100	300	150	160	80	
Reissue	300	150	500	250	600	300	
Provisional	200	100	0	0	0	0	

2. EXCESS CLAIM FEES

Fee Description

Each claim over 20 (including Reissues)

Each independent claim over 3 (including Reissues)

Multiple dependent claims

Fee (\$)	Small Entity Fee (\$)
50	25
200	100
360	180
Multiple Dependent Claims	
Fee (\$)	Fee Paid (\$)

Total Claims	Extra Claims	Fee (\$)	Fee Paid (\$)
- 20 or HP =	x	\$50.00	= \$0.00

HP = highest number of total claims paid for, if greater than 20.

Indep. Claims	Extra Claims	Fee (\$)	Fee Paid (\$)
- 3 or HP =	x	\$200.00	= \$200.00

HP = highest number of independent claims paid for, if greater than 3.

3. APPLICATION SIZE FEE

If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listing under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).

Total Sheets	Extra Sheets	Number of each additional 50 or fraction thereof	Fee (\$)	Fee Paid (\$)
- 100 =	/ 50	0	x \$250.00	= \$0.00

4. OTHER FEE(S)

Non-English specification, \$130 fee (no small entity discount)

Other (e.g., late filing surcharge):

SUBMITTED BY

Signature		Registration No. (Attorney/Agent)	35,172	Telephone	864 370-2211
Name (Print/Type)	Joseph T. Guy, Ph.D.			Date	2-22-06

This collection of information is required by 37 CFR 1.136. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 30 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicant: Struye et al.)Attorney ref.: 27500-170
Serial No.: 10/644,191)
Filing Date: 8/20/2003)Examiner: Vu
Title: X-RAY CASSETTE FOR COMPUTED)
RADIOGRAPHY AND METHOD OF USE)Group Art Unit: 2884
THEREOF)Confir. No.: 5701
)

RESPONSE UNDER 37 CFR 1.111

Mail Stop Amendment
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Dear Sir:

The remarks and amendments are submitted in response to the
Office Action mailed December 14, 2005.

This response is being filed within the three-month
shortened period for response.

A fee transmittal for payment of the fee for one extra
independent claim is submitted herewith.

The application is now believed to be in condition for
allowance and reconsideration in light of the following is
respectfully requested.

02/28/2006 YPOLITE1 00000047 080719 10644191

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